

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>091868991</i>	26 JUL 2001	
						APPLICAN <i>GMC&ee</i>		
10-1405 CLAIMS								
NO.	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		NO.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/	/	/	/	/	/	51	
2	/	/	/	/	/	/	52	
3	/	/	/	/	/	/	53	
4	/	/	/	/	/	/	54	
5	/	/	/	/	/	/	55	
6	/	/	/	/	/	/	56	
7	/	/	/	/	/	/	57	
8	/	/	/	/	/	/	58	
9	/	/	/	/	/	/	59	
10	/	/	/	/	/	/	60	
11	/	/	/	/	/	/	61	
12	/	/	/	/	/	/	62	
13	/	/	/	/	/	/	63	
14	13	/	/	/	/	/	64	
15	13	/	/	/	/	/	65	
16	10	/	/	/	/	/	66	
17	8	/	/	/	/	/	67	
18	8	/	/	/	/	/	68	
19	8	/	/	/	/	/	69	
20	8	/	/	/	/	/	70	
21	8	/	/	/	/	/	71	
22	8	/	/	/	/	/	72	
23		/	/	/	/	/	73	
24	/	/	/	/	/	/	74	
25	/	/	/	/	/	/	75	
26	/	/	/	/	/	/	76	
27	/	/	/	/	/	/	77	
28	/	/	/	/	/	/	78	
29	/	/	/	/	/	/	79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1		1	1			TOTAL IND.	
TOTAL DEP.	52	→	28	→	18	→	TOTAL DEP.	
TOTAL CLAIMS	53	■	79	■	79	■	TOTAL CLAIMS	

PTO-1200 (3-78) *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE
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